



General Assembly

January Session, 2009

**Committee Bill No. 5093**

LCO No. 4206

\*03816HB05093INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

**AN ACT CONCERNING PROSTHETIC PARITY.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2010*) (a) As used in this  
2 section:

3 (1) "Health insurance policy" means any individual health insurance  
4 policy or medical or health care benefit plan that is delivered, issued  
5 for delivery, renewed, amended or continued in this state by an  
6 insurer, health care center, hospital service corporation, medical  
7 service corporation, fraternal benefit society, or governmental entity  
8 that provides medical benefits to Medicaid, HUSKY Plan, Charter Oak  
9 Plan or state-administered assistance recipients.

10 (2) "Prosthetic device" means an artificial limb device to replace, in  
11 whole or in part, an arm or a leg, except that it does not include a  
12 device that contains a microprocessor or that is designed exclusively  
13 for athletic purposes.

14 (b) (1) Each individual health insurance policy providing coverage  
15 of the types specified in subdivisions (1), (2), (4), (11) and (12) of

16 section 38a-469 of the general statutes shall provide coverage for  
17 prosthetic devices that is at least equivalent to that provided under  
18 Medicare. Such coverage may be limited to a prosthetic device that is  
19 determined by the insured's or enrollee's health care provider to be the  
20 most appropriate to meet the medical needs of the insured or enrollee.  
21 Such prosthetic device shall not be considered durable medical  
22 equipment under such policy.

23 (2) Such policy shall provide coverage for the medically necessary  
24 repair or replacement of a prosthetic device, as determined by the  
25 insured's or enrollee's health care provider, unless such repair or  
26 replacement is necessitated by misuse or loss.

27 (3) No such policy shall impose a coinsurance, copayment,  
28 deductible or other out-of-pocket expense for a prosthetic device that is  
29 more restrictive than that imposed on generally all benefits provided  
30 under such policy.

31 (c) An individual health insurance policy may require prior  
32 authorization for prosthetic devices, provided it is required in the  
33 same manner and to the same extent as is required for other covered  
34 benefits under such policy.

35 (d) An insured or enrollee may appeal a denial of coverage for or  
36 repair or replacement of a prosthetic device to the Insurance  
37 Commissioner for an external, independent review pursuant to section  
38 38a-478n of the general statutes.

39 Sec. 2. (NEW) (*Effective January 1, 2010*) (a) As used in this section:

40 (1) "Health insurance policy" means any group health insurance  
41 policy or medical or health care benefit plan that is delivered, issued  
42 for delivery, renewed, amended or continued in this state by an  
43 insurer, health care center, hospital service corporation, medical  
44 service corporation, fraternal benefit society, or governmental entity  
45 that provides medical benefits to Medicaid, HUSKY Plan, Charter Oak

46 Plan or state-administered assistance recipients.

47 (2) "Prosthetic device" means an artificial limb device to replace, in  
48 whole or in part, an arm or a leg, except that it does not include a  
49 device that contains a microprocessor or that is designed exclusively  
50 for athletic purposes.

51 (b) (1) Each group health insurance policy providing coverage of the  
52 types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
53 469 of the general statutes shall provide coverage for prosthetic devices  
54 that is at least equivalent to that provided under Medicare. Such  
55 coverage may be limited to a prosthetic device that is determined by  
56 the insured's or enrollee's health care provider to be the most  
57 appropriate to meet the medical needs of the insured or enrollee. Such  
58 prosthetic device shall not be considered durable medical equipment  
59 under such policy.

60 (2) Such policy shall provide coverage for the medically necessary  
61 repair or replacement of a prosthetic device, as determined by the  
62 insured's or enrollee's health care provider, unless such repair or  
63 replacement is necessitated by misuse or loss.

64 (3) No such policy shall impose a coinsurance, copayment,  
65 deductible or other out-of-pocket expense for a prosthetic device that is  
66 more restrictive than that imposed on generally all benefits provided  
67 under such policy.

68 (c) A group health insurance policy may require prior authorization  
69 for prosthetic devices, provided it is required in the same manner and  
70 to the same extent as is required for other covered benefits under such  
71 policy.

72 (d) An insured or enrollee may appeal a denial of coverage for or  
73 repair or replacement of a prosthetic device to the Insurance  
74 Commissioner for an external, independent review pursuant to section  
75 38a-478n of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
---	--	--

Section 1	<i>January 1, 2010</i>	New section
Sec. 2	<i>January 1, 2010</i>	New section

***Statement of Purpose:***

To require coverage for prosthetic devices under health insurance policies, Medicaid, HUSKY Plan, Charter Oak Plan or state-administered assistance plans that is at least equivalent to that provided under Medicare.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*

Co-Sponsors: REP. GERAGOSIAN, 25th Dist.; REP. FRITZ, 90th Dist.  
REP. HENNESSY, 127th Dist.

H.B. 5093